

**Committee for Purchase From People Who Are Blind or Severely Disabled**  
**2007 E. R. “Dick” Alley Career Achievement Award Nomination Form**  
(Applications due by February 10, 2007)

Eligibility

All individuals employed by the Federal Government are eligible to be nominated. Members of the Committee staff, with the exception of the Executive Director, may also be nominated.

Evaluation Criteria

All nominees will be evaluated and rated based on the following criteria:

1. Consistent, dedicated service in the form of specific actions which have materially advanced the employment of people who are blind or have other severe disabilities through the JWOD Program over a substantial number of years.
2. Demonstrates a high degree of personal integrity, as well as exceptional knowledge and understanding of the JWOD Program.
3. Establishes/maintains cooperative relationships with the members of the JWOD team (Committee, NIB, NISH, nonprofit agencies, Federal customers).

NOTE: Nomination submissions (including additional recommendations) **must be received via electronic mail in an accessible file format** (i.e., Word Perfect, Word, or ACCESSIBLE Adobe PDF, etc.). Signed hard-copy originals will be accepted only in conjunction with the appropriate electronic files.

Persons submitting nominations must complete the following form and address each of the evaluation criteria with examples of accomplishments cited whenever possible, including number of years nominee has worked with the JWOD Program and number of people who are blind or severely disabled who are employed as a result of the nominee's accomplishments. An Award Selection Committee will review and rate all nominations and reach a decision in March 2007.

Send this nomination form with all attachments electronically to Stephanie Lesko via email at [slesko@jwod.gov](mailto:slesko@jwod.gov).

For more information on past award recipients, please visit the Committee's web site at [www.jwod.gov](http://www.jwod.gov).

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**PART I. NOMINEE**

Name and Title:

Phone:

E-mail:

Agency Name and Address:

Supervisor's Name and Title:

Phone:

E-mail:

**PART II. NOMINATOR**

Name and Title:

Phone:

E-mail:

Organization Name and Address:

**PART III. NARRATIVE**

In the space provided below, please provide a description of how the nominee meets the selection criteria for this award. Cite examples of accomplishments whenever possible. Include number of years nominee has worked with the JWOD Program and number of people who are blind or severely disabled who are employed as a result of the nominee's accomplishments. Please limit the narrative to 500 words.